4. POSITION NUMBER

AGENCY

CLASS

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DOCUMENT NUMBER sample

STATE OF CALIFORNIA - CONTROLLER'S OFFICE INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST STD. 674D (REV. 6/2013)

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

#WORKed: C=Industrial Disability (IDLI) or Dock during the regular period of pay (L=Dock): 1			IDL 2/3	c. SDI WEEKLY RATE: \$IDL FULL		b. EMPLOYEE ELECTED SOPPLEMENTATION REGULAR REGULAR	EMBLOYET ELECTED CLIBBI ENTATION	IDL/S	a. EMPLOYEE ON SDI FROM: THROUGH: IDL 2/3	8B. STATE DISABILITY INSURANCE (SDI)	NDI	ELECTED NONE % SUPPLEMENTATION SUPPLEMENTAL		REGULAR	INTERMITTENT EMPLOYEE WAS:	PREVIOUS 18 MONTHS FOR	b. AVERAGE HOURS WORKED DURING	08/10/2013 08/29/2013	a. EMPLOYEE ON NDI FROM: THROUGH:	8A. NON-INDUSTRIAL DISABILITY (NDI)	FOR INTERMITTENT EMPLOYEE:		b. EMPLOYEE ENTITLED TO ENHANCED IDL	MO DY	a. EMPLOYEE ON IDL FROM: THROUGH: ISSUE DATE	7. INDUSTRIAL DISABILITY (IDL) 9. PAYMEN	0 08 13	T MO YR 1 2 3 4 5 6 7 8 9	5. PAY PERIOD 6. ENTER NUMBER OF HOURS AND CODE - Intervening activity/working while on Disability [W	complete 111-11-1111	
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